

M. Spencer

Cynanche Maligna

March 8th 1822

216 West 14th St. New York

James Spencer - Virg<sup>a</sup>.

Cynanche Maligna

admitted March 25th 1822.

James P. Jones  
Grand Rapids  
about 1880

*Dissertation*  
*on*  
*Cynanche Maligna.*  
*By*  
*James Spencer.*

*of Cumberland County*  
*Virginia*

Disputation

in  
Francisco Mariano

San Francisco

of California



Cynanche Maligna  
or  
Malignant Sore Throat.

This disease is sometimes Epidemic. It attacks persons of all ages, but more commonly those in a young and infant state.

This disease is usually attended with considerable pyrexia, and the symptoms of accession to this; such as frequent cold shiverings, sickness, anxiety, and vomiting are often the first appearances of the disease. There is also a dejection of spirits. There is sometimes a pain in the head. Sensations of heat and chillings succeed each other until the stage of excitement is fully developed. In some cases of the disease in children it is sometimes pretty much advanced before the child expresses much uneasiness. The fauces and throat upon examination appear inflamed. The fever is intense and proceeds with inquietude. Spots are soon visible on the inflamed fauces, they are at first of a deep red colour and afterwards of a

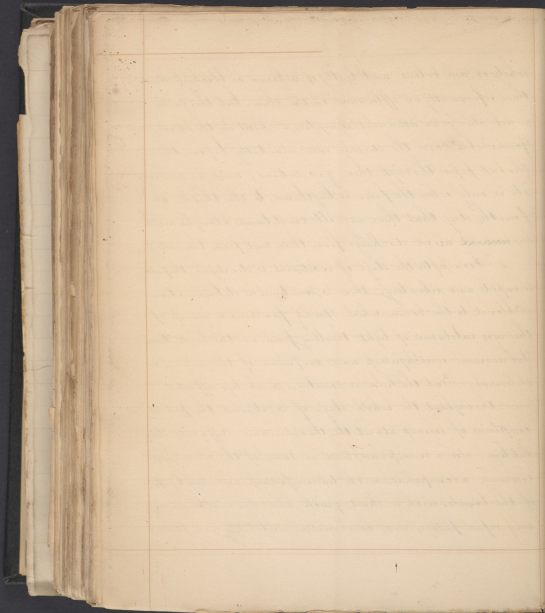
Journal of the

18th century

The first of the century was a time of great change and progress. The discovery of the New World had opened up new horizons for exploration and trade. The Renaissance had brought about a new spirit of inquiry and discovery. The Reformation had challenged the authority of the Church and led to the establishment of new religious movements. The Scientific Revolution had begun to transform the way in which we understand the natural world. The Industrial Revolution was just beginning to take shape. The Enlightenment was a period of great intellectual and cultural achievement. The French Revolution was a time of great upheaval and change. The Napoleonic Wars were a period of great conflict and destruction. The 19th century was a time of great progress and achievement. The Industrial Revolution had transformed the world. The Scientific Revolution had brought about a new understanding of the natural world. The Enlightenment had brought about a new spirit of inquiry and discovery. The French Revolution had challenged the authority of the Church and led to the establishment of new religious movements. The Napoleonic Wars were a period of great conflict and destruction. The 19th century was a time of great progress and achievement.

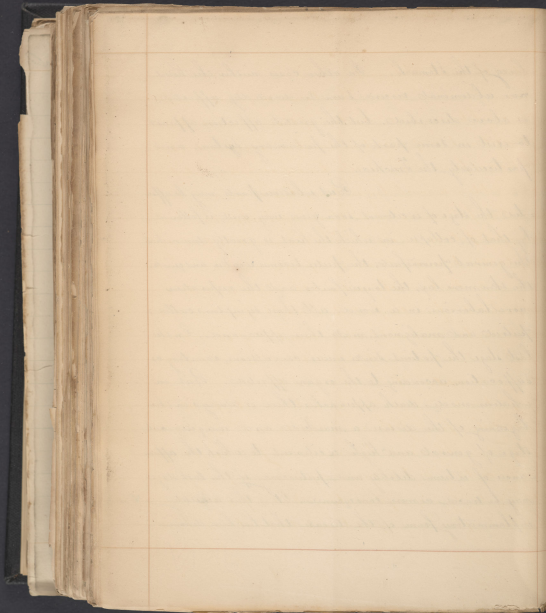
white or ash colour, and lastly of a brown or blackish colour  
these frequently an efflorescence on the skin, but this latter  
is not always an attendant symptom. But in the more  
formidable cases the disease ends mortally before the  
throat passes through these gradations; and in general  
it is only when the fever is lengthened to the third or  
fourth day that there are ill conditioned sloughs, with  
an ~~excessive~~ acrid discharge from them and from the nostrils.

Soon after the stage of excitement is developed, the pulse  
is rapid and vibratory, there is sometimes a determination  
of blood to the brain which speedily produces a degree of  
the eyes intolerant of light throbbing pain in the head, tinnit-  
us aurium, watchfulness and confusion of the mind, or  
delirium. But the head is sometimes much less affected  
and throughout the whole stage of excitement the patient  
complains of soreness about the throat, and difficult deg-  
lutition, also a soreness and heat in some of the abdominal  
viscera, accompanied with tension, fullness and constipation  
of the bowels, with a short, quick, and anxious breathing,  
very rapid pulse, and considerable irritability and flatu-



lency of the Stomach. In other cases neither the head  
nor abdominal viscera seem so decidedly affected  
as above described, but the greatest affection appears  
to exist in some part of the pulmonary system, and  
particularly the Trachea.

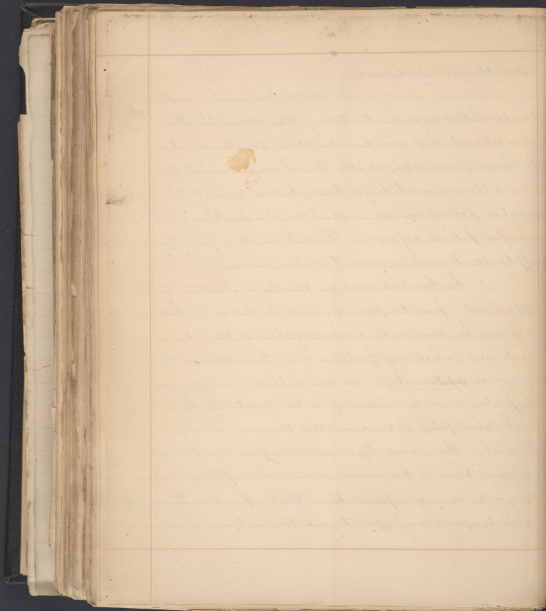
But whatever parts may be affected the stage of excitement soon gives way and is followed  
by that of collapse, in which the heat is greatly diminished  
the general powers fail, the pulse becomes weaker and quicker  
the skin more lax, the tongue fatter and the respiration  
more laborious; in a word, all those symptoms called  
putrid and malignant make their appearance. In the  
last stage the patient sinks under convulsions, vomiting or  
suffocation according to the organs affected. But in  
whatever mode death approaches there is always in the  
beginning of the disease a marked and unequivocal  
stage of general and high excitement to which the appear-  
ances of extreme debility and putrescency of the last stage  
may be traced as mere consequences. It is this acutely  
inflammatory form of the disease that has been demon- ✓



ated the most malignant.

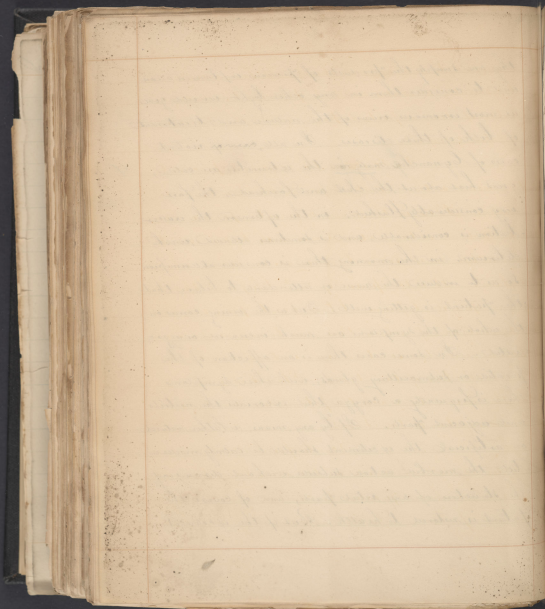
This disease very much resembles the scarletina anginosa. In both of these diseases the state of excitement is of uncertain duration: sometimes it extends to three or four days, at other times it occupies a shorter time and seldom a much longer term, but in general the reaction follows soon in those cases where there is a manifest fit or rigour. This last remark is probably applicable to most diseases of a febrile nature.

In *Cynancha maligna* the danger is not to be apprehended from the first stage, except that in it, short as it may be, more or less venous congestion of the internal parts exists, which may predispose to inflammation in the second or ~~third~~ stage, in which there is an emergence of febrile heat, and of arterial activity. It is in the above form of the disease that the main mischief is produced. This disease differs in nothing from scarletina anginosa than its being more rapid in its progress and the greater degree of inflammation. Whatever putrid or malignant symptoms may appear towards the conclusion of each





they are simply the products of previous inflammation  
and to consider them in any other light would give  
us most erroneous views of the nature and treatment  
of both of these diseases. In all, <sup>even</sup> of violent  
cases of *Cynanche maligna* the extremities are cold, V  
great heat about the chest and forehead, the face  
very considerably flushed: in the afternoon the exacer-  
-bation is considerable, and is sometimes attended with  
delirium. in the morning there is considerable remission  
so as to induce the nurse or attendant to believe that  
the patient is getting well: But as the evening comes on  
the whole of the symptoms are much increased or aggra-  
-vated. In some cases there is an affection of the  
parotid or submaxillary glands; with these symptoms  
there is frequently a coryza that excoriates the nostrils  
and adjacent parts. If by any means, whether natural  
or artificial the excitement should be calmly modera-  
-ted the morbid action subsides without disorganizing  
the structure of any vital parts, and of course the  
patient is restored to health: But if the excitement



be allowed to run on and should not be moderated  
it generally advances until it produces the disorgani-  
zation of some important part, and is then succeeded  
by fatal collapse.

In Scarlatina the excitement proceeds to  
the second or third week before it occasions a mortal  
lesion. But in the more aggravated forms of Cynan-  
che Maligna as the excitement runs much higher, so it termi-  
nates life much sooner by disorganizing some vital  
texture. It is the opinion of Dr Chapman that there  
is no specific difference between Scarlet fever and Cynan-  
che Maligna, of which there can be no doubt. But  
Scarlet fever does sometimes exist without any, or but  
slight affection of the throat. I have seen several cases  
of the disease in which the patient did not complain  
of any affection of the throat.

Scarlet fever attacks adults  
as often as children, while, on the other hand Cynanche  
Maligna is almost peculiar to children, and it is often  
likewise produced by cold, though it is most frequently



an atmospheric disease. Several practitioners have deceived themselves by considering the throat as the chief topical affection, and disregarding the internal derangements which are always the concomitants of this disease. From a cautious survey of the symptoms of this disease during life, and from the examination of several bodies after death, I think I am warranted in stating that the brain, the stomach, the liver, the lungs and the intestines are most frequently affected in *Cynanche Maligna*; and that inflammation in some one of these parts, together with the affection of the throat is generally the cause of death.

It is important to disregard any particular symptom which uniformly accompanies any fever or disease. But, on the contrary, it is equally improper to fix the attention so exclusively upon that particular part as to overlook it from any others of more importance. It must not be understood from these remarks that I mean to depreciate in the least degree an attention

Musical

to the throat and fauces; for on the other hand I think they cannot be too narrowly watched; not only with a view to lessen the inflammation, but to prevent it from spreading to the adjacent parts; It may here be marked that whenever the respiration is at all affected in this disease, the observation should be instantly directed to the pulmonary organs, and especially to the mucous membrane of the trachea which is not unfrequently affected.

I shall now speak more particularly of the congestive form of this disease.

If there is any efflorescence of the skin which is not an unaccountable symptom in the inflammatory form it may be remarked that however striking may be the relation between the condition of the throat & the pyrexia, a similar condition does not prevail between the condition of the efflorescence and that of the throat; for there is sometimes a considerable affection of the latter, when the former is partial and even evanescent. The efflorescence is neither to

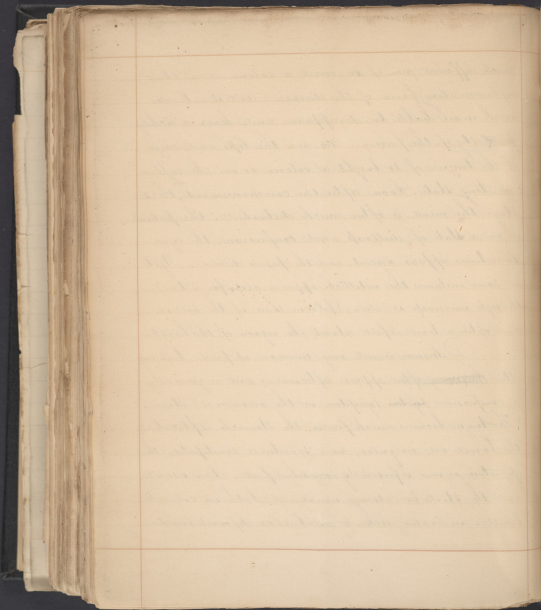
I have been thinking of you very much lately  
and wondering how you are getting on  
I hope you are well and happy  
I have been very busy lately  
but I have managed to find some time  
to write you a few lines  
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much diffused nor of so vivid a colour as in the  
inflammatory form of this disease. and it is besides  
much more liable to disappear, and leave a richly  
pallid palidity of the face. Nor are the lips and edges  
of the tongue of so bright a colour as in the inflam-  
matory state. Soon after the commencement of this  
stage the mind is often much disturbed. the patient  
is in a state of dullness and confusion, the eyes  
sometimes appear vacant, and the pupils dilated. Yet  
in some instances the intellect appears clear for a time,  
though uneasiness is always felt in some of the viscera,  
and often a trace is felt about the region of the heart.

Delirium is not very common at first, but very  
often ~~however~~ often appears afterwards, and is generally  
a conspicuous symptom in the advanced stage.

The tongue becomes much fouler, the stomach is flatulent,  
the bowels are irregular, and sometimes constipated; the  
epigastric region is frequently somewhat fuller than usual,  
and the stools are always unnatural both in colour &  
smell - indicating either a morbid or deficient secretion

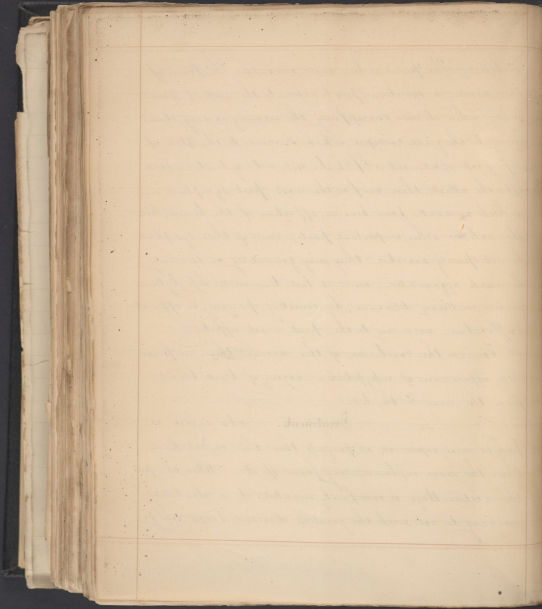


of life: The pulse is low and variable, this form of the disease is sometimes protracted to the end of several days; when it ends successfully the recovery is very slow, owing to the great collapse which succeeds to the state of imperfect excitement. If it be not actively treated soon after the attack, then and on the most fatal symptoms — which indicate some serious affection of the brain, liver, stomach, or other important parts; and if these symptoms be not speedily assisted they may gradually or suddenly be much aggravated, and at last terminate Life by Coma, or low muttering delirium, by vomiting, purging, or apparent suffocation, according to the part most affected.

Towards the conclusion of this disease there are frequently appearances of intyphetichia, cojring of black blood from the nose & the like.

Treatment. No disease is perhaps more rapid in its progress than this; or at least than the more inflammatory forms of it. When, therefore the excited stage is once fairly revealed it is absolutely necessary to act with the greatest decision, since every

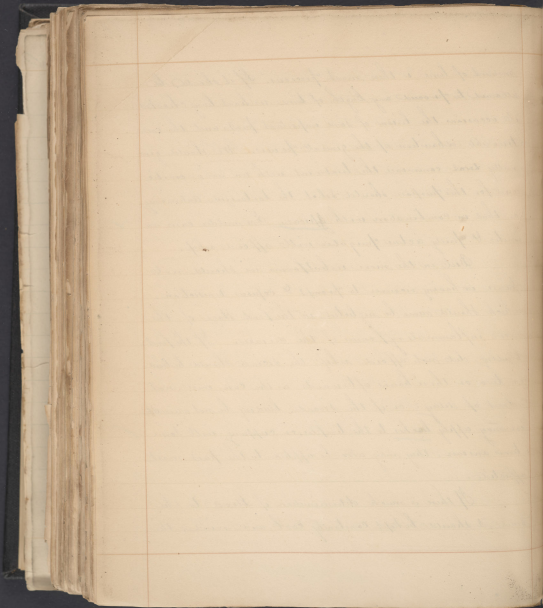
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moment of time is then most precious. If it should be  
allowed to proceed any length of time without being checked  
it occasions the lesion of some important parts, and the irre-  
trievable exhaustion of the general powers. We should gene-  
rally treat commencing the treatment with an active emetic  
and for this purpose should select the tartarized Antimony  
or that in combination with Opium. In milder cases an  
emetic & freely active purgative will afford relief. ✓

But in the more violent forms we should not  
pause in having recourse to prompt & copious venesection,  
which should never be neglected in the first stage of the  
more inflammatory forms of the disease. If the first  
bleeding did not afford relief, the second should be tried  
in two or three hours afterwards, as the case will not  
admit of delay; or if the second bleeding be not advisable  
we may apply trochis to the temples, or cupping will some-  
times answer; they may also be applied to the part most  
affected.

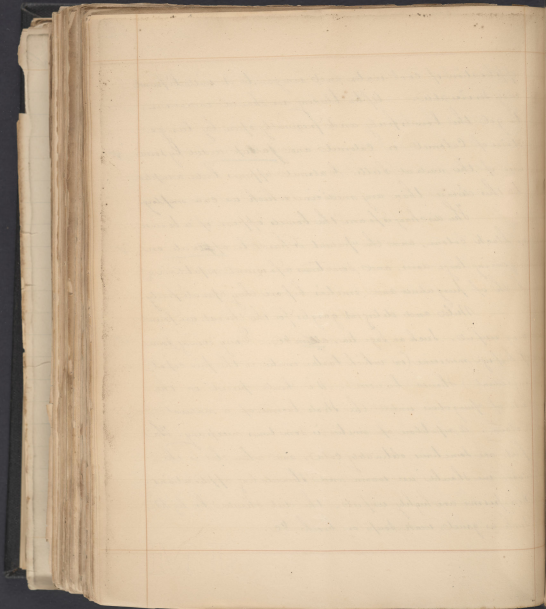
If there is much determination of blood to the  
head, it should be kept constantly cool and raised; the



application of cool water and vinegar to it will be found very serviceable. After bleeding we should endeavour to get the bowels truly and frequently open by large doses of Calomel, or Calomel and jalap aided by some of the neutral Salts. Calomel appears better adapted to this disease than any medicine which we can employ.

The discharge from the bowels appears of a brown or black colour, and the patient is hard to operate on requiring large doses, and sometimes a frequent repetition of both of purgatives and emetics before they operate truly.

Mild and detergent gargles for the throat are found very useful. Such as sage tea, almon &c. Every evening some febrifuge medicine (in which tartar emetic is the principal ingredient) should be used. We should persist in the use of purgatives until the stools become of a natural colour. A repetition of emetics is sometimes necessary. The feet are sometimes obstinately cold, and when this is the case we should use warm and stimulating applications. Sinapisms are highly useful - the diet should be light, such as gruel, weak soups or broths &c.

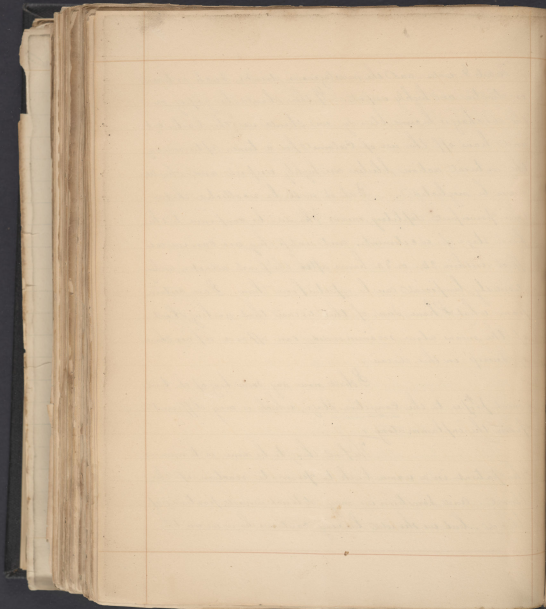




Tea & water, and the mucilaginous drinks, such as linseed or elm tea are highly useful. If there should be griping or the discharge become bloody we should use the Castor oil and have off the use of Calomel for a time, after restoring the arterial action. Bleeds are highly useful, and should never be neglected. But it must be recollected that these "powerful" depletory means should be confined to the first stage of excitement, and unless they are carried into effect within 24. or 30. hours after the first attack, nothing decidedly beneficial can be expected from them. I am certain from what I have seen, of this disease that nothing short of the means alone recommended can afford a fair chance of success in this disease.

I shall now say something of the treatment proper to the congestive stage, which is very different from the inflammatory.

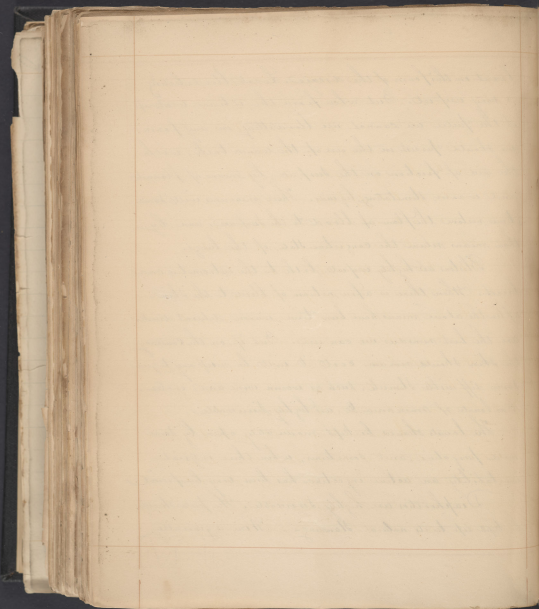
The first thing to be done is to immerse the patient in a warm bath to promote reaction of the blood. And sometimes we may abstract small portions of blood, but we should be very cautious how we use the



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lowest in this form of the disease. Local bloodletting  
is very useful. But when from the extreme weakness  
of the pulse we cannot use bloodletting in any form  
we should persist in the use of the warm bath, with  
the aid of friction on the surface, by means of flannels  
and warm, stimulating liquids. These measures will some-  
times restore the flow of blood to the surface, and by  
that means relieve the congestive state of the lungs.

Blisters are highly useful, both to the extremities and  
breast. When there is a partial return of blood to the skin,  
after the above means have been tried, warm diluent drinks  
are the best remedies we can use. But if, on the contrary  
the skin should remain cool it will be necessary to give  
some diffusible Stimuli, such as warm wine and water,  
Carbonate of ammonia &c. are highly serviceable.

The bowels should be kept moderately open by some  
mild purgative; and sometimes, when there is great  
irritability an active injection has been very beneficial.  
Diaphoretics are highly serviceable. The pulse should  
be kept up to its natural standing. Wine is generally

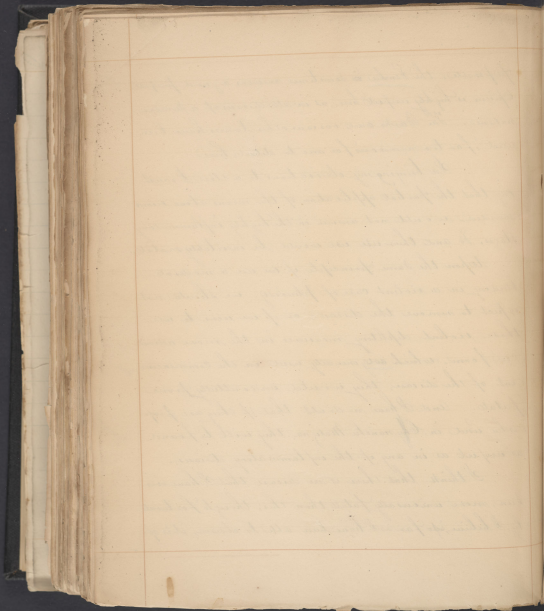


15.  
"perforated," the Senna is sometimes answers a good purpose. ✓  
Opium is highly useful here, as in all diseases of a similar  
nature. The Barks and various other tonics, have been  
used, far too numerous for me to detail here.

In bringing my observations to a close I must  
say that the partial application of the means above recom-  
mended would not answer in the highly inflammatory  
stages. And their use would be inevitably mortal.

Upon the same principle if we use a moderate  
bleeding in a violent case of pleurisy, we should not  
expect to remove the disease, or if we were to use  
those violent depletion measures in the more advan-  
ced form, which only usually used in the commencement  
of the disease, they would undoubtedly prove  
fatal. And I have no doubt that if they are prop-  
erly used in Cyranche Maligne they will be found ✓  
as useful as in any of the inflammatory diseases.

I think that there is no disease that I have ever  
seen, more universally fatal than this; though fortunately,  
I believe, so far as I have been able to observe, it is of



16  
Comparatively rare occurred.

It will be perceived that I have not gone into details as to remedies, but have spoken of them in a very general way. But I hope that my observations have been sufficiently minute to give a pretty good idea of the mode of treatment I have suggested.

I have seen this method tried in a number of cases and I am led to believe that it will prove to be almost universally successful, if judiciously applied.

